County: Manitowoc Facility ID: 4020 Page 1

HAMILTON MEMORIAL HOME 1 HAMILTON DRIVE

TWO RIVERS Phone: (920) 793-2261 Ownershi p: Nonprofit Church-Related 54241 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 85 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 85 Average Daily Census: 80

Number of Residents on 12/31/00: 78

| Services Provided to Non-Residents |    | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/00)  | Length of Stay (12/31/00) | %        |
|------------------------------------|----|-----------------------------|---------|-----------------|--------|---------------------------|----------|
| Home Health Care                   | No | Primary Diagnosis           | %       | Age Groups      | %      | Less Than 1 Year          | 38. 5    |
| Supp. Home Care-Personal Care      | No |                             |         |                 |        | 1 - 4 Years               | 39. 7    |
| Supp. Home Care-Household Services | No | Developmental Disabilities  | 2.6     | Under 65        | 6. 4   | More Than 4 Years         | 21. 8    |
| Day Services                       | No | Mental Illness (Org./Psy)   | 7.7     | 65 - 74         | 5. 1   |                           |          |
| Respite Care                       | No | Mental Illness (Other)      | 16. 7   | 75 - 84         | 29. 5  |                           | 100. 0   |
| Adult Day Care                     | No | Alcohol & Other Drug Abuse  | 0.0     | 85 - 94         | 55. 1  | ***************           | ******   |
| Adult Day Health Care              | No | Para-, Quadra-, Hemi plegic | 0.0     | 95 & 0ver       | 3.8    | Full-Time Equivalen       | t        |
| Congregate Meals                   | No | Cancer                      | 5. 1    |                 |        | Nursing Staff per 100 Re  | si dents |
| Home Delivered Meals               | No | Fractures                   | 1.3     |                 | 100. 0 | (12/31/00)                |          |
| Other Meals                        | No | Cardi ovascul ar            | 17. 9   | 65 & 0ver       | 93. 6  |                           |          |
| Transportation                     | No | Cerebrovascul ar            | 9. 0    |                 |        | RNs                       | 10. 9    |
| Referral Service                   | No | Diabetes                    | 10. 3   | Sex             | %      | LPNs                      | 5. 0     |
| Other Services                     | No | Respi ratory                | 2.6     |                 |        | Nursing Assistants        |          |
| Provi de Day Programming for       |    | Other Medical Conditions    | 26. 9   | Male            | 19. 2  | Aides & Orderlies         | 36. 7    |
| Mentally Ill                       | No |                             |         | Female          | 80.8   |                           |          |
| Provi de Day Programming for       |    |                             | 100.0   |                 |        | [                         |          |
| Developmentally Disabled           | No | [                           |         |                 | 100. 0 | [                         |          |

## Method of Reimbursement

| Medicare            |            |      | Medicaid |             |        | Other Private |               |      |            | Dov | Managa       | . 1 0          |     | Percent |        |        |            |
|---------------------|------------|------|----------|-------------|--------|---------------|---------------|------|------------|-----|--------------|----------------|-----|---------|--------|--------|------------|
|                     | (Title 18) |      |          | (Title 19)  |        |               | Other Private |      | 3          |     | Managed Care |                |     |         |        |        |            |
|                     |            |      | Per Die  | m Per       |        | Per Die       | em Per Die    |      | m Per Diem |     |              | Per Diem Total |     |         | iotai  | Of All |            |
| Level of Care       | No.        | %    | Rate     | No.         | %      | Rate          | No.           | %    | Rate       | No  | . %          | Rate           | No. | %       | Rate   | No.    | Resi dents |
| Int. Skilled Care   | 0          | 0. 0 | \$0.00   | 0           | 0. 0   | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0. 0         | \$0.00         | 0   | 0. 0    | \$0.00 | 0      | 0. 0%      |
| Skilled Care        | 0          | 0. 0 | \$0.00   | 48          | 76. 2  | \$98. 44      | 0             | 0.0  | \$0.00     | 15  | 100. 0       | \$118.50       | 0   | 0. 0    | \$0.00 | 63     | 80.8%      |
| Intermediate        |            |      |          | 15          | 23.8   | \$81.54       | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0.0     | \$0.00 | 15     | 19. 2%     |
| Limited Care        |            |      |          | 0           | 0.0    | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0.0     | \$0.00 | 0      | 0.0%       |
| Personal Care       |            |      |          | 0           | 0.0    | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0. 0    | \$0.00 | 0      | 0.0%       |
| Residential Care    |            |      |          | 0           | 0.0    | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0. 0    | \$0.00 | 0      | 0.0%       |
| Dev. Di sabl ed     |            |      |          | 0           | 0.0    | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0.0     | \$0.00 | 0      | 0.0%       |
| Traumatic Brain Inj | j. 0       | 0.0  | \$0.00   | 0           | 0.0    | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0. 0    | \$0.00 | 0      | 0.0%       |
| Ventilator-Dependen | nt 0       | 0.0  | \$0.00   | 0           | 0.0    | \$0.00        | 0             | 0. 0 | \$0.00     | 0   | 0.0          | \$0.00         | 0   | 0. 0    | \$0.00 | 0      | 0.0%       |
| Total               | 0          | 0.0  |          | <b>63</b> 1 | 100. 0 |               | 0             | 0. 0 |            | 15  | 100.0        |                | 0   | 0. 0    |        | 78     | 100. 0%    |

HAMILTON MEMORIAL HOME

| **********                     | ***** | *********            | **********    | ******  | ***********         | *********               | ******     |
|--------------------------------|-------|----------------------|---------------|---------|---------------------|-------------------------|------------|
| Admissions, Discharges, and    |       | Percent Distribution | of Residents' | Condi t | i ons, Servi ces, a | nd Activities as of 12  | /31/00     |
| Deaths During Reporting Period |       |                      |               |         |                     |                         |            |
|                                |       |                      |               |         | % Needi ng          |                         | Total      |
| Percent Admissions from:       |       | Activities of        | %             | As      | sistance of         | % Totally               | Number of  |
| Private Home/No Home Health    | 21. 1 | Daily Living (ADL)   | Independent   | 0ne     | Or Two Staff        | Dependent               | Resi dents |
| Private Home/With Home Health  | 3. 5  | Bathi ng             | 2. 6          |         | 62. 8               | 34. 6                   | 78         |
| Other Nursing Homes            | 14.0  | Dressi ng            | 26. 9         |         | 41. 0               | 32. 1                   | 78         |
| Acute Care Hospitals           | 61.4  | Transferri ng        | 28. 2         |         | 38. 5               | 33. 3                   | 78         |
| Psych. HospMR/DD Facilities    | 0.0   | Toilet Use           | 29. 5         |         | 39. 7               | 30. 8                   | 78         |
| Rehabilitation Hospitals       | 0.0   | Eati ng              | 47. 4         |         | 30. 8               | 21. 8                   | 78         |
| Other Locations                | 0.0   | ***************      | *********     | ******  | ***********         | ********                | ******     |
| Total Number of Admissions     | 57    | Conti nence          |               | %       | Special Treatmen    | nts                     | %          |
| Percent Discharges To:         |       | Indwelling Or Extern | al Catheter   | 5. 1    | Receiving Resp      | piratory Care           | 9. 0       |
| Private Home/No Home Health    | 14.0  | 0cc/Freq. Incontinen | t of Bladder  | 44. 9   | Receiving Tra       | cheostomy Care          | 0. 0       |
| Private Home/With Home Health  | 8.8   | Occ/Freq. Incontinen | t of Bowel    | 30.8    | Receiving Suc       | ti oni ng               | 0. 0       |
| Other Nursing Homes            | 3. 5  |                      |               |         | Receiving Osto      | omy Care                | 0. 0       |
| Acute Care Hospitals           | 3. 5  | Mobility             |               |         | Recei vi ng Tube    | e Feeding               | 0. 0       |
| Psych. HospMR/DD Facilities    | 0.0   | Physically Restraine | d             | 11.5    | Receiving Mecl      | hanically Altered Diets | s 26. 9    |
| Rehabilitation Hospitals       | 0.0   | ]                    |               |         |                     |                         |            |
| Other Locations                | 1.8   | Skin Care            |               |         | Other Resident      | Characteri sti cs       |            |
| Deaths                         | 68. 4 | With Pressure Sores  |               | 0.0     | Have Advance        | Di recti ves            | 97. 4      |
| Total Number of Discharges     |       | With Rashes          |               | 3.8     | Medi cati ons       |                         |            |
| (Including Deaths)             | 57    |                      |               |         | Receiving Psyc      | choactive Drugs         | 57. 7      |
| ***********                    | ****  |                      | *****         |         | *****               |                         |            |

 $Selected\ Statistics:\ This\ Hospital\ - Based\ Facility\ Compared\ to\ Similar\ Facilities\ \&\ Compared\ to\ All\ Facilities$ 

|  | Thi s         | 0ther  | · Hospi tal -    | I      | A1 1  |
|--|---------------|--------|------------------|--------|-------|
|  | Facility      | Based  | Based Facilities |        | lties |
|  | %             | %      | Ratio            | %      | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 94. 1         | 87. 5  | 1.08             | 84. 5  | 1. 11 |
| Current Residents from In-County                     | 94. 9         | 83. 6  | 1. 13            | 77. 5  | 1. 22 |
| Admissions from In-County, Still Residing            | 47. 4         | 14. 5  | 3. 27            | 21. 5  | 2. 20 |
| Admissions/Average Daily Census                      | 71. 3         | 194. 5 | 0. 37            | 124. 3 | 0. 57 |
| Discharges/Average Daily Census                      | 71. 3         | 199. 6 | 0. 36            | 126. 1 | 0. 57 |
| Discharges To Private Residence/Average Daily Census | 16. 3         | 102. 6 | 0. 16            | 49. 9  | 0. 33 |
| Residents Receiving Skilled Care                     | 80. 8         | 91. 2  | 0. 89            | 83. 3  | 0. 97 |
| Residents Aged 65 and Older                          | 93. 6         | 91. 8  | 1. 02            | 87. 7  | 1. 07 |
| Title 19 (Medicaid) Funded Residents                 | 80. 8         | 66. 7  | 1. 21            | 69. 0  | 1. 17 |
| Private Pay Funded Residents                         | 19. 2         | 23. 3  | 0. 83            | 22. 6  | 0. 85 |
| Developmentally Disabled Residents                   | 2. 6          | 1. 4   | 1.88             | 7. 6   | 0. 34 |
| Mentally Ill Residents                               | 24. 4         | 30. 6  | 0. 80            | 33. 3  | 0. 73 |
| General Medical Service Residents                    | 26. 9         | 19. 2  | 1. 40            | 18. 4  | 1. 46 |
| Impaired ADL (Mean)*                                 | <b>52</b> . 1 | 51.6   | 1. 01            | 49. 4  | 1. 05 |
| Psychological Problems                               | 57. 7         | 52. 8  | 1. 09            | 50. 1  | 1. 15 |
| Nursing Care Required (Mean)*                        | 5. 0          | 7. 8   | 0. 64            | 7. 2   | 0. 69 |